

Disclosures

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PD: nutrients and supplements

Introduction

- When we ask the question if some makes a "difference", we need to very carefully define what we mean by "difference" and in WHAT
 - Take creatine, for example definitely makes a difference in muscle health and bulk – yet it was found to be ineffectual when it comes to slowing disease progression
 - The same challenges we are tackling with disease modifying therapies apply to supplements and vitamins

PD: nutrients and supplements



Recommended Resources

- https://www.parkinson.org/living-with-parkinsons/treatment/overthe-counter-complementary-therapies
- <u>https://www.parkinson.org/library/fact-sheets/nutrition</u>
- <u>https://www.michaeljfox.org/sites/default/files/media/document/04</u>
 <u>1819_MJFF_DIET_GUIDE_0_1.pdf</u>
- <u>https://www.michaelifox.org/news/ask-md-supplements-and-parkinsons-disease</u>



Over the Counter & Complementary Therapies











Can nutritional supplements make a difference?

Yes.



However, we must approach nutritional supplementation thoughtfully

Evidence has limits

- "Gold standard" randomized-controlled trials (RCTs) are challenging, particularly for nutrition and nutritional supplements (long durations, lots of subjects, attrition and compliance problems)
- So, nutrition is not as clear-cut
- Must connect the dots among epidemiological, cross-sectional, animal, and in vitro studies
 - We must think differently than usual for nutritional supplements regarding PD PD and other neurodegenerative conditions are multi-factorial - so
 - single nutrients are probably not optimal Examples: Some well-intentioned studies focusing on single
 - nutrients fell short (e.g. Co-Q10, creatine)

Nutrients studied for neuroprotection and reduced risk of PD

Nutrient	Biological Mechanism	Comment		
B vitamins	Antioxidant, mitochondrial energy metabolism, and detoxification	Potential benefits with B3 (niacin), B2 (riboflavin), B6, B9 (folate), B12. B12 may be helpful to stave-off high homocysteine levels (a neurotoxicant), especially for those in older age groups (B12 deficiency).		
Vitamin D	Calcium balance	Some associative and clinical studies show benefits to slowing of PD symptoms.		
Vitamin E	Antioxidant	Indicates decreased risk of PD and neuroprotection with higher vitamin E intake.		
Omega-3 fats	Antioxidant, anti-inflammatory, neurogenesis	Omega-3 DHA and EPA are key structural fats for the brain; encouraging animal and clinical results.		
Coenzyme Q10	Antioxidant particularly relevant to mitochondria	Successful in preclinical and early human studies, but mixed results in later studies.		
Carotenoids	Antioxidants	Includes beta-carotene, lycopene, lutein, and zeaxanthin; studies are mixed, though some indicate benefits regarding PD risk and disease progression		

(Note: Not a complete list of what has been studied.)

Nutrients studied for GI management

Nutrient	Biological Mechanism	Comment
Probiotics / prebiotics (fiber)	Microbiota balance, inflammation	Small-scale studies show some promise in reducing constipation, abdominal pain, and bloating. Species studied include: Lactobacillus acidophilus, Lactobacillus casei, and Bifidobacterium infantis.

Nutrients to avoid

Nutrient	Biological Mechanism	Comment
Iron	Substrate for free radical production (oxidative stress-promoter)	Iron supplementation often takes place inadvertently through multivitamins, which may include iron – avoid iron and iron rich foods unless there is a specific need for iron supplementation (e.g. anemia).

(Note: Not a complete list of what has been studied.)

Where are we headed?

A Moving from single nutrients to diet-driven, multi-nutrient solutions

- Focus on mimicking diets complex matrix of nutrients working together
- Emerging evidence shows Mediterranean and MIND diets are neuroprotective
- Reduced risk of PD*
- Slow rate of PD progression**
 Not only vitamins and minerals, but also targeted polyphenols

 Rationally-designed
- Complex mixtures exploit
- synergies among nutrients

* Abately, H. N. et al. The association between Meditemanean diet adherence and Parkinson's disease. Nov. Disord. 27, 771–774 (2012). * Agarwal, P. et al. MND Diet Associated with Reduced Incidence and Delayed Procession of Pathrizonism in Old Ace. J. Natr. Health Asim 22, 1211–1215 (20).



Where are we headed?

(B) Personalized nutrition for PD

- In the future, focus on each
- person's individual circumstances Personal attributes dictate risk of which pathological mechanisms may be in-play Will rely upon integration of existing
- and new data sets and development of algorithms to weight, score, and assign risk, mechanisms, and nutrients most likely to provide benefit Nutrient/diet/supplement
- treatments will one day be perfectly customized to individuals, along the lines of precision medicine

Example: Personalized nutrition algorithm Personal attributes Screen 1 (genetics, family history, lifestyle, diet, occupation, environment, sex) Pathological mechanisms (oxidative stress, neuroinflamm mitochondrial dysfunction, prote Screen 2 aggregation, other) Select nutrients Target pathologica rsonalized regimen of amins, minerals, oils, phytonutrients

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Summary

- Supplements, vitamins, minerals, nutrition, but especially lifestyle <u>CAN</u> make a difference
 While the exact science is still in development, we should not hold our breath for the next 100 years or more before to have a "complete" knowledge (or .7.5 million years wait for the "answer to life, the universe, and everything") as it is already more likely than not supplements may help if you base your decisions on currently available information
 It is critical to pick your choice of information wisely

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(ASCI = 42, in programming: "whatever you want it to be" – wildcard)